

FILED

7/18/02

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOISNOV 09 2007 *new*MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURTIN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVITTheodore Luczak
Plaintiff

v.

Terry McCann
Defendant(s)07cv6375
JUDGE GUZMAN
MAG. JUDGE KEYS

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, Theodore Luczak, declare that I am the ☐ plaintiff ☒ petitioner ☐ movant (other _____) in the above-entitled case. This affidavit constitutes my application ☐ to proceed without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☐ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)
I.D. # B-00780 Name of prison or jail: Stateville
Do you receive any payment from the institution? ☒ Yes ☐ No Monthly amount: \$10.
2. Are you currently employed? ☐ Yes ☒ No
Monthly salary or wages: _____
Name and address of employer: _____
- a. If the answer is "No":
Date of last employment: _____
Monthly salary or wages: _____
Name and address of last employer: _____
- b. Are you married? ☐ Yes ☒ No
Spouse's monthly salary or wages: _____
Name and address of employer: _____
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
- a. Salary or wages ☐ Yes ☒ No
Amount _____ Received by _____

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No
Amount _____ Received by _____
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No
Amount _____ Received by _____
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No
Amount _____ Received by _____
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No
Amount _____ Received by _____
- f. ☐ Any other sources (state source: _____) ☐ Yes ☒ No
Amount _____ Received by _____
4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: _____
In whose name held: _____ Relationship to you: _____
5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No
Property: _____ Current Value: _____
In whose name held: _____ Relationship to you: _____
6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No
Address of property: _____
Type of property: _____ Current value: _____
In whose name held: _____ Relationship to you: _____
Amount of monthly mortgage or loan payments: _____
Name of person making payments: _____
7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No
Property: _____
Current value: _____
In whose name held: _____ Relationship to you: _____
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents

CERTIFICATE

(TO BE COMPLETED FOR PRISONERS ONLY. THIS IS A STATEMENT BY THE PRISON
AND NOT THE PRISONER)

I hereby certify that the plaintiff or petitioner in this action has
the sum of \$ - 433.23 in his trust fund account at this correctional
center where is confined. I further certify that the plaintiff or
petitioner has the following securities to his credit according to the
records of this institution:

T-C
Authorized Officer

STATEVILLE CC
Institution

Accountant Supervisor
Title

11-6-07
Date

IMPORTANT:

THIS CERTIFICATE MUST BE ACCOMPANIED BY A COPY OF A SIX MONTH LEDGER
OF THE PLAINTIFF'S TRUST FUND ACCOUNT.

Time: 9:19am

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Stateville Correctional Center

Trust Fund

Inmate Transaction Statement

REPORT CRITERIA - Date: 05/01/2007 thru End; Inmate: B00780; Active Status Only ? : No; Print Restrictions ? : Yes;
 Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print
 Balance Errors Only ? : No

Inmate: B00780 Luczak, Theodore

Housing Unit: STA-X -UW-06

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
Beginning Balance:							-314.91
05/07/07	Payroll	20 Payroll Adjustment	1271148		P/R month of 04/2007	4.08	-310.83
06/13/07	Payroll	20 Payroll Adjustment	1641148		P/R month of 05/2007	2.38	-308.45
07/10/07	Payroll	20 Payroll Adjustment	1911148		P/R month of 06/2007	10.00	-298.45
08/08/07	Payroll	20 Payroll Adjustment	2201148		P/R month of 07/2007	3.40	-295.05
09/13/07	Payroll	20 Payroll Adjustment	2561148		P/R month of 08/2007	4.22	-280.83
10/09/07	Payroll	20 Payroll Adjustment	282190		P/R month of 09/2007		

Total Inmate Funds: -280.83

Less Funds Held For Orders: .00

Less Funds Restricted: 152.40

Funds Available: -433.23

Total Furloughs: .00

Total Voluntary Restitutions: .00

RESTRICTIONS

Invoice Date	Invoice Number	Type	Description	Vendor	Amount	Balance
08/29/2006	C957	Disb	Library	2 DOC: 523 Fund Library	\$33.20	-314.91
09/07/2006	C1253	Disb	Library	2 DOC: 523 Fund Library	\$24.35	-310.83
09/20/2006	C1530	Disb	Library	2 DOC: 523 Fund Library	\$2.10	-308.45
10/19/2006	C2971	Disb	Library	2 DOC: 523 Fund Library	\$1.00	-298.45
12/26/2006	10808	Disb	Library copies	2 DOC: 523 Fund Library	\$0.75	-280.83
12/26/2006	10853	Disb	Library copies	2 DOC: 523 Fund Library	\$1.20	-280.83
01/10/2007	C5912	Disb	Library	2 DOC: 523 Fund Library	\$3.50	
01/10/2007	C5958	Disb	Library	2 DOC: 523 Fund Library	\$0.20	
01/24/2007	C7300	Disb	Library	2 DOC: 523 Fund Library	\$0.50	-280.83
01/24/2007	C7437	Disb	Library	2 DOC: 523 Fund Library	\$0.20	.00
01/24/2007	C7458	Disb	Library	2 DOC: 523 Fund Library	\$0.45	152.40
01/24/2007	C7461	Disb	Library	2 DOC: 523 Fund Library	\$0.15	-433.23
02/07/2007	C7833	Disb	Library	2 DOC: 523 Fund Library	\$1.15	.00
03/01/2007	C8632	Disb	Library	2 DOC: 523 Fund Library	\$2.00	.00
03/14/2007	C9255	Disb	Library	2 DOC: 523 Fund Library	\$7.45	
03/16/2007	C9457	Disb	Medical Co-Pay	99999 DOC: 523 Fund Inmate Reimburse	\$2.80	
03/20/2007	W0320 010	Disb	Library	2 DOC: 523 Fund Library	\$15.00	
03/27/2007	C9644	Disb	Library	99999 DOC: 523 Fund Inmate Reimburse	\$0.75	
04/23/2007	C10589	Disb	Library	2 DOC: 523 Fund Library	\$0.75	
06/12/2007	C12567	Disb	Library	2 DOC: 523 Fund Library	\$0.75	
07/12/2007	C0712060	Disb	Library	2 DOC: 523 Fund Library	\$0.75	
08/09/2007	C0809251	Disb	Library	2 DOC: 523 Fund Library	\$13.75	
08/10/2007	C0810014	Disb	Library	2 DOC: 523 Fund Library	\$0.75	
09/17/2007	C0917048	Disb	Medical Co-Pay	99999 DOC: 523 Fund Inmate Reimburse	\$0.75	
12/26/2006		Disb	Library copies	2 DOC: 523 Fund Library	\$0.75	

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Time: 9:19am

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Stateville Correctional Center

Trust Fund

Inmate Transaction Statement

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Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print
Balance Errors Only ? : No

Inmate: B00780 Luczak, Theodore

Housing Unit: STA-X -JW-06

RESTRICTIONS

Invoice Date	Invoice Number	Type	Description	Vendor	Amount
09/19/2007	C0919037	Disb	Library	2 DOC: 523 Fund Library	\$7.90
Total Restrictions:					\$152.40

Page 2

Print Restrictions ? : Yes;
Include Inmate Totals ? : Yes; Print
Balance Errors Only ? : No

Amount

\$7.90

\$152.40